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IFW/AF

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

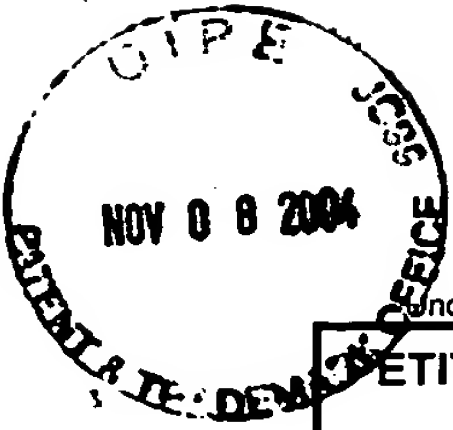
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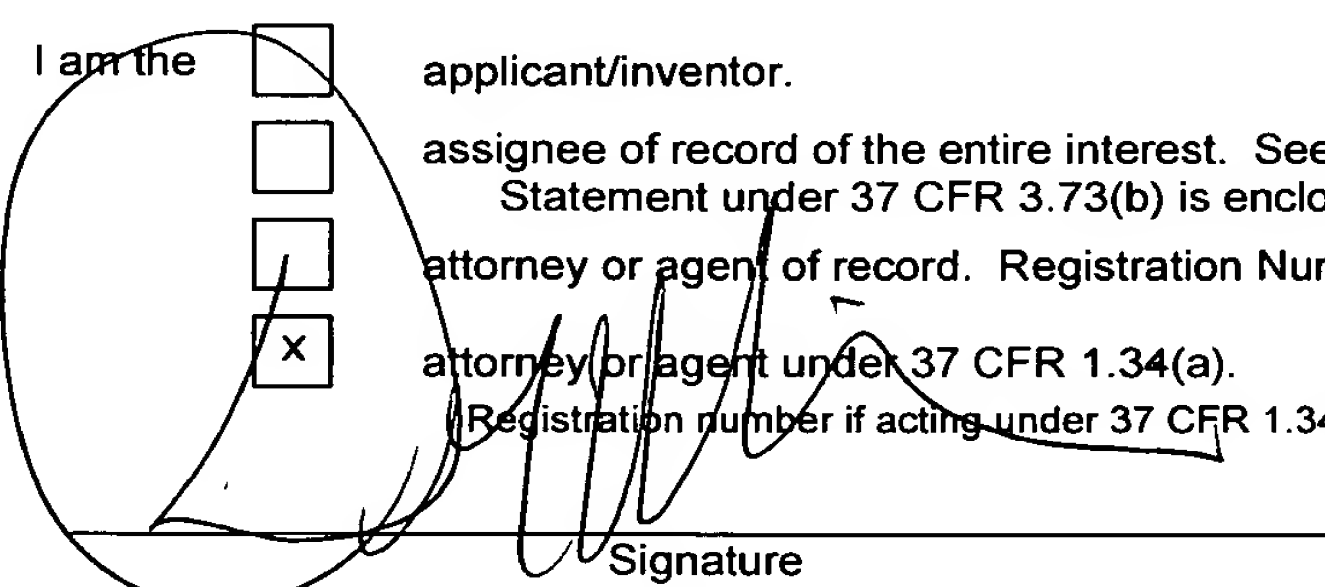
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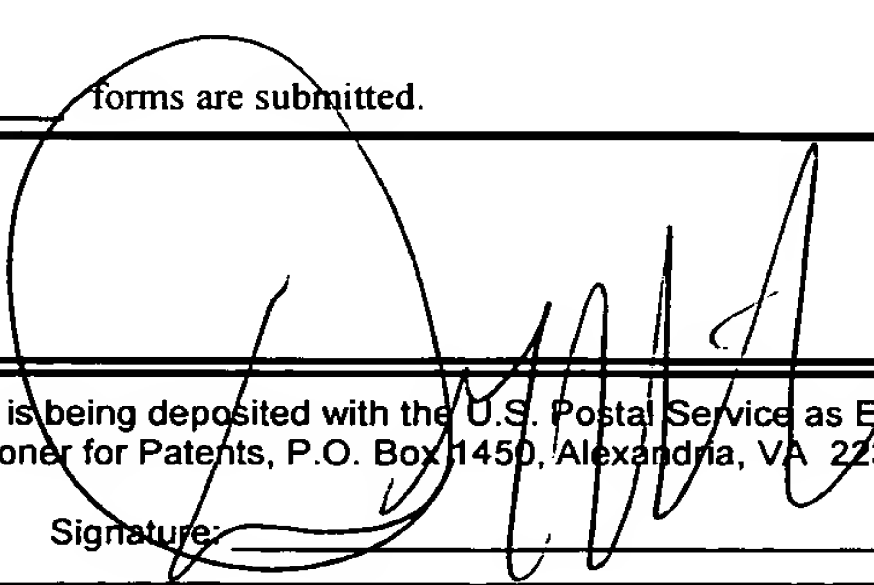
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/667569-Conf. #8755	
	Filing Date	September 21, 2000	
	First Named Inventor	R. Rogers YOCUM	
	Art Unit	1652	
	Examiner Name	D. J. Steadman	
Total Number of Pages in This Submission	3	Attorney Docket Number	BGI-141CP

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	LAHIVE & COCKFIELD LLP	
Signature		
Printed name	Debra J. Milasincic	
Date	November 8, 2004	Reg. No. 46,931

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 465008450 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: November 8, 2004	Signature:  (Debra J. Milasincic)



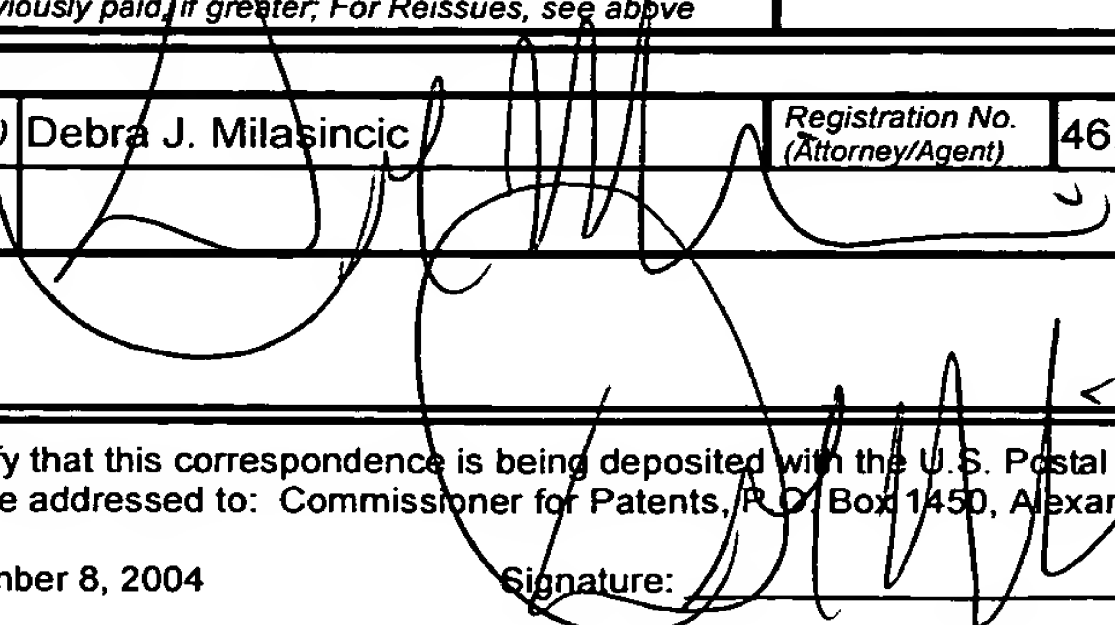
<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after October 1, 2004)		<b>Docket Number (Optional)</b> BGI-141CP	
<b>Application Number</b> 09/667569-Conf. #8755		<b>Filed</b> September 21, 2000	
<b>For</b> METHODS AND MICROORGANISMS FOR PRODUCTION OF PANTO-COMPOUNDS			
<b>Art Unit</b> 1652		<b>Examiner</b> D. J. Steadman	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$ 2,080.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). (Registration number if acting under 37 CFR 1.34(a)) <u>46,931</u>			
 _____ Signature		<u>November 8, 2004</u> Date	
<u>Debra J. Milasincic</u> Typed or printed name		<u>(617) 227-7400</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

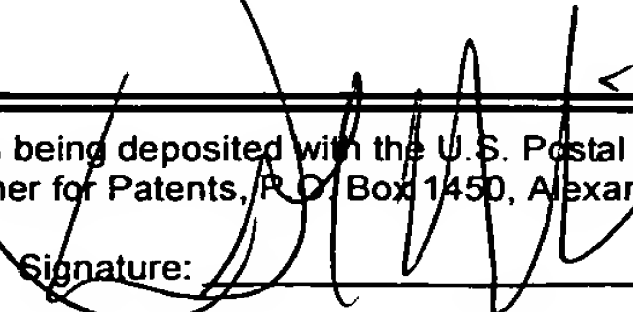
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Dated: November 8, 2004	Signature:  (Debra J. Milasincic)

11/12/2004 HAL111 00000067 120080 09667569  
01 FC:1255 2080.00 DA

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PATENT & TRADEMARK OFFICE

FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	09/667569-Conf. #8755	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 21, 2000	
		First Named Inventor	R. Rogers YOCUM	
		Examiner Name	D. J. Steadman	
TOTAL AMOUNT OF PAYMENT (\$)		2,080.00	Attorney Docket No.	BGI-141CP
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> OTHER <input type="checkbox"/> NONE <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES		
FEE CALCULATION		Large Entity Small Entity		
1. BASIC FILING FEE		Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid		
Large Entity Small Entity				
1001 750 2001 375 Utility filing fee				
1002 330 2002 165 Design filing fee				
1003 520 2003 260 Plant filing fee				
1004 750 2004 375 Reissue filing fee				
1005 160 2005 80 Provisional filing fee				
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims ** = Extra Claims Fee from below Fee Paid				
Independent Claims ** = Fee Paid				
Multiple Dependent Fee Paid				
Large Entity Small Entity				
1202 18 2202 9 Claims in excess of 20				
1201 84 2201 42 Independent claims in excess of 3				
1203 280 2203 140 Multiple dependent claim, if not paid				
1204 84 2204 42 ** Reissue independent claims over original patent				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)		0.00		
**or number previously paid, if greater; For Reissues, see above				
		Other fee (specify)		
		*Reduced by Basic Filing Fee Paid		
		SUBTOTAL (3) (\$)		
		2,080.00		

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Debra J. Milasincic	Registration No. (Attorney/Agent)	46,931
Signature		Telephone	(617) 227-7400
		Date	November 8, 2004

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